



## INOEL RIVERA-RAMIREZ

### License Number: ME69538

Data As Of 8/7/2025

Profession	Medical Doctor
License	ME69538
License Status	Clear/Active
License Expiration Date	1/31/2026
License Original Issue Date	10/30/1995
Address of Record	303 E. Par Street ORLANDO, FL 32804
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

No Discipline Found

#### Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:  
Division of Medical Quality Assurance  
Public Records  
4052 Bald Cypress Way, Bin C01  
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

### Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
SYLORA, ROXANNE LIBI	SUPERVISOR	MEDICAL DOCTOR	113544	04/27/2017

Click on the License Number to view License Details for that Practitioner

### Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
ARAGON, DIANA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114605	2/8/2024
LEUNG, BRIAN CHI-HAU	SUBORDINATE	MEDICAL DOCTOR	106310	3/9/2021

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